



Department of Health and Senior Services
Board of Nursing Home Administrators
Attn: Fee Receipts
PO Box 570
Jefferson City, MO 65102-0570

Phone: (573) 751-3511 email: BNHA@health.mo.gov Web: <http://www.health.mo.gov/bnha>

Application to Request or Renew Inactive Status of Missouri Administrator License

Step 1 of 4 – Official Board Information Please make any necessary changes and/or supply information not listed.

First Name: _____ Last Name: _____ License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell/Other: (____) _____ Email: _____

Employer Name: _____ Current Position/Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Step 2 of 4 – REQUEST TO PLACE LICENSE OR CONTINUE ON INACTIVE STATUS

I hereby request that my administrator's license be placed or continued on inactive status effective July 1st of the current renewal year. I understand that I must sign and return this application to the Board of Nursing Home Administrators along with the following before my request can be approved: 1) if applicable, my original wall license and all other indicia of licensure or, evidence satisfactory to the board that the license has been lost, stolen or destroyed; 2) evidence satisfactory to the Board of completion of ten clock hours of continuing education in the area of patient care and; 3) fee of \$50 made payable to the Department of Health and Senior Services.

NOTE: If approved, the inactive license will expire on June 30th of the second year. In order to remain inactive, you must file this application, pay a renewal fee of \$50, and provide evidence of completion of 10 clock hours of continuing education in patient care on or before May 30th every two (2) years. A license may be carried in inactive status for up to six years from the date of issuance. You can reactivate an inactive license by completing the appropriate license renewal application, accompanied by evidence satisfactory to the Board of the completion of forty clock hours of continuing education and a fee of one hundred dollars (\$100) made payable to the Department of Health and Senior Services. No person shall practice as an administrator or hold himself or herself out as an administrator in this state while his or her license is inactive.

Step 3 of 4 – Signature

I hereby affirm under the penalty of perjury, that all information contained in this application is true and correct to the best of my knowledge and belief and that all supporting documents will be maintained in my file for four years. I understand that falsification of information may constitute grounds for discipline of my license pursuant to Section 344.050, RSMo.

SIGNATURE

DATE

Step 4 of 4 - Certification of Continuing Education – see page 2

Step 4 of 4 – Certification of Continuing Education (Do Not Attach Evidence of Clock Hours Completed)

Seminars: You must report a minimum of 10 (ten) clock hours in patient care related programs approved by the Board.

OFFERING TITLE	MO BNHA, OTHER NHA/RCAL OR NAB APPROVAL NUMBER	SPONSOR	DATE(S)	NUMBER OF PATIENT CARE CLOCK HOURS

► **On-line Program(s):** Please list any clock hours obtained from any MO BNHA-approved on-line program(s).

OFFERING TITLE	MO BNHA APPROVAL NUMBER	SPONSOR	DATE	NUMBER OF PATIENT CARE CLOCK HOURS

► **Other methods of earning clock hours:** Clock hours may be awarded for the following: publishing health-care related articles of at least 1500 words; lecturing at a board-approved seminar (1 clock hour for each hour of presentation time up to a maximum of 3 hours, which can be in addition to actual hours of attendance at the seminar).

Name of Article Published and Journal, or, Presentation Title	Date Article Published, or Date of Program	Sponsor	BNHA Approval Number (If applicable)	Number of Patient Care Clock Hours Requested